



STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
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KAPOLEI, HAWAII 96707

In reply, please refer to
file:

OFFICE OF HEALTH CARE ASSURANCE LICENSED AND CERTIFIED FACILITIES PANDEMIC RESPONSE GUIDELINES

Policy and Procedures Effective May 1, 2020

POLICY: The Department of Health, Office of Health Care Assurance (OHCA), shall ensure that health care facilities, organizations, or agencies comply with licensing requirements that ensure the health, safety, and welfare of the people of the state of Hawaii including during a pandemic or other public health emergency.

PURPOSE: To ensure that health care facilities licensed or certified under OHCA comply with state licensing requirements established under Hawaii Administrative Rules (HAR). During pandemics, this can extend to ensuring compliance with requirements or guidance from the U.S. Center for Disease Control (CDC) and World Health Organization (WHO).

SCOPE: This procedure applies to all licensed or certified health care facilities under the authority of OHCA.

DEFINITIONS:

1. **Health Care Facility:** Means a hospital, nursing home, intermediate care facility for individuals with intellectual disabilities, freestanding outpatient surgical facility, freestanding adult day health center, freestanding birthing center, adult day care center, laboratory, adult residential care home, expanded adult residential care home, community care foster family home, developmental disability domiciliary home, assisted living facility, therapeutic living program, special treatment facility, and any other entity required by law to be licensed or certified by the department.
2. **Licensee:** Means an individual or entity that is responsible for the management and overall operations of the health care facility.
3. **Care giver:** Means a person who is qualified and provides direct care to persons in a licensed or certified health care facility. Care givers are either primary care givers or substitute care givers.
4. **Patient:** Means a person who requires care and resides or is admitted at a health care facility. Patients are referred to as residents in residential care homes or clients or patients in other settings.
5. **Surveyor or Consultant:** Means a person employed or contracted with OHCA who is assigned the responsibility of conducting inspections, visits, or investigations on licensed

and certified health care facilities. Surveyors are called surveyors in the OHCA Medicare Section and Consultants in the OHCA State Licensing Section. They are also referred to as inspectors.

6. Family Member: Means a person related by blood or marriage to the Licensee and who resides at the licensed or certified health care facility.

AUTHORITY:

- Section 321 Hawaii Revised Statutes (HRS)
- Chapters 11-89, 11-90, 11-93; 11-93.2, 11-94.1, 11-95, 11-96, 11-97, 11-98, 11-99, 11-100.1, 11-110.1, 11-700, 11-800, 1424, Hawaii Administrative Rules (HAR)
- Federal or State Emergency Proclamations and Directives as issued.

PROCEDURES (State Licensing Section)

General Procedures:

The following are guidelines for care homes to follow with the onset of a pandemic as declared by government authorities

- 1) *Review Infection Control Plan: Assess the current infection control plan for adequacy including transmission-based precautions. Determine if sufficient supplies are available; order more if necessary. Supplies include personal protective equipment (PPE) and commercial cleaning/disinfecting agents and other cleaning materials.*
- 2) *Review Sanitation and Cleaning Schedule: Revise the cleaning schedule for frequency to meet the needs of the pandemic.*
- 3) *Assess Facility: Are isolation or private rooms and bathrooms available. Are there extra rooms that can be used to isolate in an emergency? Make an isolation plan based on your useable space.*
- 4) *Assess Visitor Policy: Consider revising policy to minimize, restrict or prohibit visitors. Identify essential personnel (EMS, compassionate care providers, DOH employees, licensed Case Managers, adult protective services, law enforcement, etc.) who are allowed access. Policy should include thorough symptom screen for anyone stepping foot inside the facility and exclude anyone who doesn't pass the screening process.*
- 5) *Clean and Sanitize: Using an EPA List-N certified disinfectant and using appropriately, perform and immediately clean and sanitize the facility especially items that are commonly touched and increase the frequency of cleaning. Commonly touched items include but are not limited to door handles, handrails, counter tops, telephone, electronic equipment and remote controls, arms of chairs, toilets, sinks, etc.*
- 6) *PPE or Masks: Review PPE or mask use for residents and care givers. At a minimum, all staff providing direct patient care should wear a surgical mask. An N95 or better may be required if performing care on a resident who could generate aerosolized respiratory droplets. Cloth face coverings may be acceptable for non-patient care activities. At minimum, all occupants of the facility should wear masks when congregated. If masks are not available, recommend do not congregate. Follow CDC guidelines on the types of masks or PPE depending on care circumstances.*
- 7) *Physical Distancing: Follow CDC guidelines to maintain physical distancing as much as possible. Separate residents as much as possible at meal or snack times. Congregate*

dining should be assessed for safety and compliance with physical distancing. If necessary, meals should be taken in the residents' private bedrooms.

- 8) *Temporary Relocation: Determine if family members can be temporarily moved to another address? If family members are not care givers, temporary location would be best for maximum prevention.*
- 9) *Government Proclamations: Follow federal or state proclamations or directives, and supplemental directives or guidance from DOH, OHCA, Community Ties of America (CTA), CDC, and WHO.*
- 10) *Telecommunication: Assess telecommunication resources for telehealth or tele visitation in the home, i.e., high speed internet, video camera (cell phone or webcam), and video software (Zoom, Skype, Facetime, MS Teams, etc.). Certain provider visits and case management visits can be performed via telehealth during a pandemic. Be sure you have the capability to perform telehealth. Ask your case manager or provider for telehealth options. Immediately clean and sanitize equipment between use and users especially items that come in contact with persons, i.e., earphones, jacks, buds, wearable microphones, and other equipment.*
- 11) *Standard Precautions: Standard precautions (i.e., hand hygiene, follow respiratory hygiene/cough etiquette, etc.) shall be used at all times whether during pandemics or not, and when providing direct patient care, even if the resident is not showing any symptoms.*
- 12) *Admitting Residents: Prepare to admit residents if you have available licensed bed space and care giver capacity. This may be needed to help clear beds at acute hospitals or SNFs for care to sick/infected persons. Prepare screening questions to be sure the resident is stable and not symptomatic prior to admission. Do you have the capability to isolate the newly admitted resident if necessary? Develop an admission plan to isolate the resident for a time period as determined by the CDC, DOH, WHO, and State of Hawaii guidelines. Current COVID-19 isolation recommendation is minimum fourteen (14) days.*

The following are guidelines for three (3) types of scenarios that could possibly take place in a licensed facility, and what steps need to be taken to safeguard everyone.

- 1) **Family member** becomes ill with suspected symptoms related to the pandemic
 - a) *Isolate person immediately.*
 - b) *Call person's primary care physician or DOH DOCD for guidance on testing. Contact DOCD at Disease Reporting Line at (808) 586-4586.*
 - c) *If instructed to test, follow instructions from physician or DOCD.*
 - d) *Report suspected case and actions taken to DOCD.*
 - e) *Monitor symptoms and only bring to emergency room if instructed by physician, or if the patient requires a higher level of care than you can provide.*
 - f) *Maintain isolation for at least three (3) days since last fever and at least ten (10) days since start of symptoms.*
 - g) *Report to DOCD.*
- 2) **Resident** becomes ill with suspected symptoms related to the pandemic
 - a) *Follow guidelines for **family member**.*
- 3) **Care giver** becomes ill with suspected symptoms related to the pandemic
 - a) *Immediately relieve from duties and isolate person as best possible if care giver resides in the home. Follow guidelines for family member.*

- b) *If primary care giver (PCG), ensure substitute care giver (SCG) is capable of performing the duties of the PGC. Contact OHCA with questions.*
- c) *If SCG resides outside the home, immediately dismiss from the home and require a physician clearance before allowing to resume care giver duties.*
- d) *Do not return to work as care giver unless cleared by a physician or cleared by DOCD in the case of DOCD's own "release from isolation" guidance based on daily monitoring of symptoms.*

This P&P is effective May 1, 2020



Justin Lam, R.N.
Supervisor, State Licensing Section
Office of Health Care Assurance

May 12, 2020

Signature Date